



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 COMMISSION OF PHARMACY
 Telephone: (860) 713-6070

APPLICATION FOR PHARMACY INTERN

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$30.00**, made payable to: "Treasurer, State of Connecticut". **Application fees are non-refundable.**

→ Return your completed application and fee to:

Department of Consumer Protection, License Services, 165 Capitol Avenue, Hartford, CT 06106.

The Commission of Pharmacy must be informed of the place of internship and the name of the preceptor (supervising registered pharmacist) within **five (5) days** of the beginning and termination of any internship experience. The identification number and card shall become void and shall be returned to the Commission of Pharmacy if the applicant does not complete the requirements for graduation from or terminates his enrollment at, an accredited and approved school or college of pharmacy.

Name of Applicant		Social Security No.:
Home Address (No. & Street, City, State, Zip Code)		Telephone Number (Include Area Code)
Name of Pharmacy School	School Address	
Employed As Intern By: (Name of Pharmacy)	Pharmacy Address	
Name of Preceptor (Print)	Signature of Preceptor	CT License No.:
Has the applicant ever been convicted of a felony crime? YES [] NO [] If yes - please attach a statement including the date(s) of the conviction(s), the court(s) where the case(s) were decided and a description of the circumstances involved.		

To be completed by school or college of pharmacy.
For Graduates of an Accredited College of Pharmacy Only

This is to certify that _____ has completed two (2) years of college and is enrolled in the professional program at _____.

 Name of College of Pharmacy

Expected Date of Graduation: _____

Certified By: _____

 Print Name of Dean/Registrar

 Signature Dean/Registrar

I solemnly swear that the information contained herein is true and correct to the best of my knowledge, and I am aware that my pharmacy intern registration may be suspended or revoked if I violate any pharmacy laws, rules or regulations, or any provision of the Connecticut Commission of Pharmacy Code of Ethics, and hereby affix my signature as acknowledgment and agreement of such terms.

School Seal:

 Signature of Intern

 Date

